

Table # 6b

Maryland Department of the Environment
Lead Poisoning Prevention Program
Case Coordination Guidelines for Lead Poisoned Children

Action Levels for Community Health Nurse's Coordination with Environmental Investigator and Health Care Provider

This presents minimum standards set by CDC and State law. Consider individual patient characteristics and caregiver capabilities and adjust the frequency of follow-up health care actions accordingly.

BLL	Minimum CDC Recommendations for BLL Follow-up	Coordinate with Health Care Provider	Coordinate with Parent/Guardian and Provide Service Coordination	Coordinate with Environmental Investigator
<5 µg/dL Venous or Capillary 5-9 µg/dL Venous or Capillary	As mandated by EPSDT, Maryland Targeted Screening Law, and Baltimore City Ordinance. Within 3 month follow-up with venous level.	The Health Care Provider's (HCP) responsibilities are: <ul style="list-style-type: none"> • Lead and nutritional education along with assessing for possible sources of lead exposure. • Repeat and track blood lead level. 	Venous or Capillary: <ul style="list-style-type: none"> • Education and Outreach for prevention. • For tenants in pre-1950 rental properties, complete EA 6-8 Compliance Interview and forward to MDE. Review and provide tenant "Notice of Defect". 	Compliance enforcement of pre-1950 rental property owners. Enforcement of Notice of Defect.
10-14 µg/dL Venous or Capillary	3 months for capillary 3 months for Early follow-up venous <i>Early follow-up is the first 2-4 tests after identification of an elevated level.</i> 6-9 months for Late follow-up venous <i>Late follow-up is identified as after the elevated blood lead level begins to decline.</i>	The HCP responsibilities are as above plus: <ul style="list-style-type: none"> • Educate to decrease environmental exposure and review WIC's Dietary Food Pyramid. • Repeat and track blood lead level according to "Blood Lead Follow-up" chart that contains CDC guidance. 	Venous or Capillary: <ul style="list-style-type: none"> • Education and Outreach for prevention. • Follow-up blood lead level monitoring. Venous or 2 capillaries within 12 weeks include: <ul style="list-style-type: none"> • Mail out of "Official Notice Packet" for residence of pre-1950 rental properties. • Information about Special Loans Housing Program. 	*Coordinate* Immediately for Environmental Inspection Venous Environmental Inspection to take place within 5 days of referral from Health Department.
15-19 µg/dL Venous or Capillary	3 months for capillary 1-3 months for Early follow-up of a venous blood lead level. 3-6 months for Late follow-up of a venous blood lead level.	Contact within 1 month (measure from specimen date) to confirm specimen type and to coordinate follow-up care. The HCP responsibilities are as above plus: <ul style="list-style-type: none"> • Evaluate for iron deficiency • Take environmental history 	Venous or Capillary: <ul style="list-style-type: none"> • Education and Outreach for prevention. • Follow-up blood lead level monitoring. Venous or 2 capillaries within 12 weeks: <ul style="list-style-type: none"> • Mail out of "Official Notice Packet" for residence of pre-1950 rental properties. Venous: Home visit (HV) by CHN or trained ancillary person within 15 days of notification. <ul style="list-style-type: none"> • Follow specific "Guidelines for Nursing Case Management" attached.\ • Information about Special Loans Housing Program. 	*Coordinate* Immediately for Environmental Inspection Venous Environmental Inspection to take place within 5 days of referral from Health Department.

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BLL	Minimum CDC Recommendations for Follow-up BLL Within:	Coordinate with Health Care Provider	Coordinate with Parent/Guardian and Provide Service Coordination	Coordinate with Environmental Investigator
20-44 µg/dL Capillary	1 week-1 month The higher the capillary report, the more urgent the need for a venous specimen to validate the report.	Contact as soon as possible, preferably within 1 week from specimen date, to encourage the HCP to validate the result with a venous test.	Follow-up blood lead level monitoring.	Not applicable.
20-44 µg/dL Venous	20-24 µg/dL 1-3 months for Early and Late follow-up of a venous blood lead level. 25-44µg/dL 2 weeks-1month for Early follow-up of a venous blood lead level. 1month for Late follow-up of a venous blood lead level. The higher the blood lead level, the more urgent the follow-up.	Contact as soon as possible, preferably within 1 month from Specimen Date to discuss with HCP referral to specialty center. The HCPs responsibilities are as above plus: Complete medical / nutritional H& P, developmental assessment, and consultation with specialty centers experienced in chelating and management of lead poisoned children.	CHN HV within 5 workdays of referral from MDE. <ul style="list-style-type: none">Follow specific "Guidelines for Nursing Case Management" attached.Mail out of "Official Notice Packet" for residence of pre-1950 rental properties (Venous or 2 caps within 12 weeks)Information about Special Loans Housing Program.	*Coordinate* Immediately for Environmental Inspection Venous Levels 20-29µg/dL Environmental Inspection to take place within 5 days of referral from Health Department. Venous Levels >= 30µg/dL Environmental Inspection to take place within 2 days of referral from Health Department.
45-59 µg/dL Capillary	48 hours	Contact within 48 hours (measure from Specimen Date) to discuss validate with STAT venous.	Contact regarding need for STAT repeat specimen within 2 workdays.	Not applicable.

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BLL	Minimum CDC Recommendations for Follow-up BLL Within:	Coordinate with Health Care Provider	Coordinate with Parent/Guardian and Provide Service Coordination	Coordinate with Environmental Investigator
45-69 µg/dL Venous	<p>AS SOON AS POSSIBLE for Early follow-up of a venous blood lead level.</p> <p>Chelation with subsequent follow-up for Late follow-up of a venous blood lead level.</p>	<p>Contact within 1 workday (measure from specimen date)</p> <p>The HCP responsibilities are as above with the expectation of consultation with physician experienced in chelation therapy and performance of urgent chelation.</p>	<p>CHN HV within 2 workdays of referral from MDE.</p> <ul style="list-style-type: none"> Follow specific "Guidelines for Nursing Case Management" attached. Mail out of "Official Notice Packet" for residence of pre-1950 rental properties (Venous or 2 caps within 12 weeks.) Information about Special Loans Housing Program. 	<p>*Coordinate* Immediately for Environmental Inspection</p> <p>Venous Environmental Inspection to take place within 2 days of referral from Health Department.</p>
60-69 µg/dL Capillary	24 hours	Contact within 24 hours (measure from Specimen Date) to discuss validate with STAT venous.	Contact regarding need for STAT repeat specimen within 1 workday.	Not applicable.
>=70 µg/dL Venous	<p>AS SOON AS POSSIBLE for Early follow-up of a venous blood lead level.</p> <p>Chelation with subsequent follow-up for Late follow-up of a venous blood lead level.</p>	<p>Medical Emergency: Hospitalize</p> <p>Contact within 1 workday to discuss hospitalization (measure from specimen date)</p>	<p>CHN HV within 1 workday of referral from MDE.</p> <ul style="list-style-type: none"> Follow specific "Guidelines for Nursing Case Management" attached. Mail out of "Official Notice Packet" for residence of pre-1950 rental properties (Venous or 2 caps within 12 weeks) Information about Special Loans Housing Program. 	<p>*Coordinate* Immediately for Environmental Inspection</p> <p>Venous Environmental Inspection to take place within 2 days of referral from Health Department.</p>
>=70 µg/dL Capillary	Immediately as an emergency	Contact immediately to validate with STAT venous.	Contact regarding need for STAT repeat specimen.	Not applicable.